



MEMBERSHIP FORM

Waldenstrom's Macroglobulinemia Foundation of Canada & the International Waldenstrom's Macroglobulinemia Foundation

The continuation of the many member services and programs depends on membership contributions. We urge you to register with the foundation or renew your membership to ensure that we can provide you with the latest information on treatments and research for WM. Please support the work of the WMFC and IWMF with your donation. **Tax receipts will be issued.**

Name: (please print) _____

Address: _____

_____ **P/C** _____

Telephone: _____ **e-mail:** _____

NEW MEMBER: _____ **RENEWAL:** _____ **FAMILY/FRIEND:** _____

I GIVE PERMISSION TO FORWARD MY NAME TO FELLOW MEMBERS ONLY FOR THE PURPOSE OF OFFERING SUPPORT TO OTHERS LIVING WITH WM. YES ___ NO ___

Contribution (Cdn \$)

Basic: \$75.00 _____ **Sustaining: \$100.00** _____ **Supporting: \$300.00** _____

Benefactor: \$500.00 _____ **Patron: \$1,000.00** _____ **Other: \$** _____

Method of Payment: Cheque _____ **Credit Card** _____

VISA _____ **MASTER CARD** _____ **AMERICAN EXPRESS** _____

CARD# _____ **EXPIRY DATE** _____

SIGNATURE _____ **DATE** _____

**A. HINCHCLIFFE - WMFC
260 DALEWOOD DRIVE, OAKVILLE, ONTARIO L6J 4P3
Telephone: 905-337-2450 email: wmfc@noco.ca**

Charitable Registration No. 86755 2713 RR0001



**WALDENSTROM'S MACROGLOBULINEMIA
FOUNDATION OF CANADA**

A GIFT IN HONOUR

The Waldenstrom's Macroglobulinemia Foundation of Canada
is the grateful recipient of a gift

IN HONOUR OF

NAME: _____

NAME OF FAMILY: _____

ADDRESS: _____

GIVEN BY

NAME: _____

ADDRESS : _____

CHEQUE ENCLOSED _____ Visa _____ Master Card _____ AM EX _____

Card #: _____

Expiration Date: _____ Amount: _____

Signature: _____

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